Effective December 29, 1999													6
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OR	OTHER THAN	
FOR			NUMBER FILED			NUMBER EXTRA		ſ	RATE	FEE	1	RATE	FEE
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS			75 minus 20= * *			* 55			X\$ 9=		OR	X\$18=	99 D
INDEPENDENT CLAIMS			1	minus	3 =	. 4		ľ	X39=	 	OR	X78=	702
MULTIPLE DEPENDENT CLAIM PRESENT							ŀ	+130=		1	+260=	700	
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL	<u> </u>	OR OR	TOTAL	1281
CLAIMS AS AMENDED - PART II Claims									TOTAL		JOH	OTHER	THAN
	(Column 1) (Column 2) (Column 3)								SMALL ENTITY			SMALL ENTITY	
AMENDMENT A		REM Al	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* ;	32	Minus	**	15	=	ı	X\$ 9=		OR	X\$18=	
	Independent	*	Y.	Minus	***	100	7	Ī	X39=		OR	X78=	
_	FIRST PRESE	NIAIIC	ON OF MU	JETIPLE DEF	PENL	DENT CLAIM		Ī	+130=		OR	+260=	
								L	TOTAL		اما	TOTAL ADDIT. FEE	
			umn 1)		(C	Column 2)	(Column 3)	,	IDDII. FEE			ADDIT. FEE	
AMENDMENT B		REM Al	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NIAIIC	ON OF MIL	DETIPLE DEF	ZENL	JENT CLAIM			+130=		OR	+260=	
											OR	TOTAL ADDIT. FEE	
	Maria de Como de		umn 1) AIMS	TO THE PARTY AND		Column 2) HIGHEST	(Column 3)	_					
AMENDMENT C	:23. 24	REM AF	IAINING FTER NDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=	T	X39=		OR	X78=	
_	FIRST PRESE	NTATIC	ON OF MU	JLTIPLE DEF	ENC	DENT CLAIM		t	+130=	·		+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	TOTAL	
***	If the "Highest Nur If the "Highest Nur The "Highest Nurr	mber Pr	eviously Pa	id For" IN THI	S SPA	ACE is less tha	n 3, enter "3."		DDIT. FEE	propriate box		ADDIT. FEE	

Application or Docket Number